

*Section of Otology*

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December 30, 1926.—Coma from which he could not be roused. No paresis—patellar reflexes absent; plantar reflexes active; König's sign absent. Fundus examined next day—normal. Temperature 101° F.; pulse 72. Radical mastoid—cholesteatoma—sinus found in region of antrum. Probe passed upwards 2½ in., not much discharge; the opening was slightly enlarged and an iodoform gauze plug inserted. On changing this next day there was a profuse discharge of foetid pus and brain matter. Tube inserted but it had to be changed twice daily as it appeared to dam up the discharge. He recovered consciousness after the operation but was violent for several nights.

January 5, 1927.—Except for a slight headache is very well, but much discharge persists.

January 19.—Very well, discharge still considerable.

The temperature has been normal since operation and the pulse round about 60 except on two occasions when it dropped to 54.

**Left Temporo-sphenoidal Abscess.**

By SYDNEY SCOTT, M.S.

S. P. C., MALE, aged 44. Referred by Dr. Hinds Howell.

*History.*—Three weeks ago: "influenza," left otalgia, no discharge. In bed three days, then out and about. Two weeks ago: back to bed, headache, chiefly left side. Vomiting once or twice daily. Had a shivering attack. Some mental wandering. Left otalgia, with discharge, began two days after return to bed; discharge has continued since. One week ago became drowsy and somewhat incoherent; very severe headache, mainly left temporal. Marked paraphasia noticed before admission.

*Condition on Examination:* September 28, 1924.—Patient semi-comatose, talks incoherently, yawns repeatedly, tongue dry and furred. Left otitis media. Pus in meatus. Slight hemiplegia (right). Temperature 97·6° F.; pulse 52; respiration 20. *Cranial Nerves:* Right seventh, weakness; others, normal. *Reflexes:* Right biceps, supinator and abdominal muscles, reflexes not obtained. Slight weakness of right upper extremity. Right knee-jerk could not be tested owing to ankylosed knee. Right ankle-jerk slightly diminished. No flexor plantar response, Left side normal. No sensory changes. *Eyes:* Normal.

*Diagnosis.*—Left acute suppurative otitis media with left temporo-sphenoidal abscess.

*Operation:* September 28, 1924.—Left ear: Schwartz's operation; cellular mastoid; pus in antrum and cells. Tegmen antri removed; dura mater bulging under tension; feeble pulsation. Exposed more widely. Brain explored: Abscess found ¼ in. from the surface; ½ oz. slightly offensive pus evacuated. Drained with six small tubes. Wound packed open.

*Bacteriology of Pus.*—Pure growth of streptococci.

*Subsequent Progress:* November 4, 1924.—Discharged cured; ear dry; mentality and speech apparently normal.

**Left Temporo-sphenoidal Abscess.**

By SYDNEY SCOTT, M.S.

L. B., AGED 22. First complained of deafness and discharge from the left ear in May, 1926: Headaches, left frontal.

Owing to repeated attacks of headache (left frontal) she was admitted to hospital on December, 30, 1926, and the mastoid was opened and drained. The antrum

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was comparatively small but was full of pus. She seemed much better after this but was kept under observation. Five days later she had an attack of feverishness, temperature rising from normal to 103° F., and appeared to have an attack of "influenza," the feverishness gradually passing off and the temperature becoming normal in three days.

January 8, 1927.—Blood-count: White cells = 16,400. January 9, 1927.—Blood-count: White cells = 16,500.

After the feverishness ceased the pulse became abnormally slow, on two occasions 56 and 48 respectively—but was most of the time between 70 and 80.

About January 8 when the temperature was normal the nurses noticed that she was irritable, and was asking why she should not sit up and wash herself, like other patients in the ward. She was annoyed with herself because she could not remember the names of various articles. She did not sleep well.

On January 10 I decided to explore the brain because she called a coat button "an envelope," and keys she called an "envelope," though she could read and spell and count accurately. She could distinguish any coins quickly and correctly, but a medallion puzzled her. There was no contraction of the visual fields.

The same night a large collection of pus was found in the left temporo-sphenoidal lobe immediately above the mastoid antrum, and the headaches have been relieved ever since.

### Right Cerebellar Abscess.

By SYDNEY SCOTT, M.S.

S. B., GIRL, aged 12, complained of chronic discharge from right ear. For three days before admission to St. Bartholomew's Hospital on November 9, 1924, she had had earache, giddiness and was sick. Right mastoid region œdematous and tender; offensive purulent discharge from tympanum. Schwartz's operation. Extradural abscess discovered. Sigmoid sinus opened, clot removed. Owing to rigors, occurring November 14 and 15, 1924, internal jugular vein ligatured; rigors and pyrexia then ceased.

November 20 to 23, 1924.—Headache.

November 26, 1924.—Nystagmus to the right, ataxia hypotonia; dysmetria and dysdiadokokinesis on right side.

Cerebellar abscess opened; 2 drachms of foul pus evacuated (hæmolytic streptococcus and *Bacillus proteus* isolated).

February 4, 1925. Radical conversion and plastic operation.

February 11, 1925.—All signs of cerebellar lesion had disappeared. Patient has remained well since.

### Temporo-sphenoidal Abscess.

By Sir JAMES DUNDAS-GRANT, K.B.E., M.D.

[The complete history is to be found in the *Transactions of the Otological Society* (February 1902) and in the *Journal of Laryngology* (March 1902)].

The favourable factor in this case was probably the short duration of the abscess and the absence of anything in the way of a rigid capsule to interfere with the obliteration. No plastic measures were taken, but the state of the lining of the walls of the mastoid "operation-cavity," as shown before the Section in March 1924,<sup>1</sup> was quite perfect.

<sup>1</sup> *Proceedings*, 1924, xii (Sect. Otol.), 73.